

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are list below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

BETA-GLUCAN COMPOSITIONS AND PROCESS THEREFORE

the specification of which
(X) is attached hereto.

☐ was filed on _____ as
Application Serial No. _____
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below: Application No. _____ Filing Date: _____

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number) (Country) (Day/Month/Year Filed)

☐ Yes ☐ No

(Number) (Country) (Day/Month/Year Filed)

☐ Yes ☐ No

(Number) (Country) (Day/Month/Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which



30173

PATENT TRADEMARK OFFICE

occurred between the filing date of the prior application and the national or PCT international filing date of this application: None

(Application Serial No.) (Filing Date) (Status: patented, pending, or abandoned)

(Application Serial No.) (Filing Date) (Status: patented, pending, or abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Taylor, Douglas J. (Reg. No. 32,945)

O'Toole, John A. (Reg. No. 28,336)

Weaver, Karrie G. (Reg. No. 43,245)

Maier, Michael C. (Reg. No. 36,206)

Haurykiewicz, John M. (Reg. No. 29,311)

Hollander, Barry I. (Reg. No. 28,566)

Lammert, Stephen (Reg. No. 27,653)

Kamrath, Alan D. (Reg. No. 28,227)

Diederiks, Everett G., Jr. (Reg. No. 33,323)

Czaja, Timothy A. (Reg. No. 39,649)

Clark, Barbara J. (Reg. No. 38,107)

McCrackin, Ann M. (Reg. No. 42,858)

Ball, Rebecca (Reg. No. 46,535)

Waite, Kenneth J. (Reg. No. 45,189)

Faris, Robert W. (Reg. No. 31,352)

Send correspondence to:

Michael C. Maier, Esq. P.O. Box 1113, Minneapolis, Minnesota 55440, Phone: 763-764-2265

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor VAN Lengerich, Bernhard H.

Inventor's Signature _____

Date

Residence: 18005 - 33rd Place North, Plymouth, MN 55447

Citizenship: Fed. Rep. of Germany

Post Office Address: Same as residence

Full name of second joint inventor, if any GRuess, Olaf

Second Inventor's Signature _____

Date

Residence: 12725 91st Avenue North, Maple Grove, MN 55369

Citizenship: Fed. Rep. of Germany

Post Office Address: Same as residence

Full name of third joint inventor, if any MEUSER, FRIEDRICH P.

Third Inventor's Signature

Date _____

Residence: Am Priesterberg 12a, 13465 Berlin, Fed. Rep. of Germany

Citizenship: Fed. Rep. of Germany

Post Office Address: Same as residence